

Faculty/Staff 25 Meal Plan Application 2019-2020

Name: _____ RUID #: _____

State Employee ID #: _____ Campus Phone: _____ Campus PO Box: _____

Payment Method: *Cash:* ___ *Check:* ___

or **Payroll Deduction:** Faculty/Staff Salary Adjunct Faculty Wage

Note: Payroll Deduction only available 2 weeks prior to Fall and Spring Semesters.

I authorize four payroll deductions to purchase the F/S 25 Meal Plan at a total cost of

1 Set of 25 Meals at \$180.00

2 Sets of 25 Meals at \$360.00

3 Sets of 25 Meals at \$540.00

I understand that these will occur in Four Deductions of \$45.00 per each set of 25 meals. I understand the F/S 25 Meal Plan is non-refundable.

Signature: _____ Date: _____